

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 32805
Registrar's No. 8589

FILED OCT 1 1952

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis**c. LENGTH OF
STAY (In this place)d. FULL NAME OF
HOSPITAL OR
INSTITUTION **St. Louis City Hospital #1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

Missouric. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis, Missouri**d. STREET
ADDRESS (If rural, give location)
5337 St. Louis Ave.3. NAME OF
DECEASED
(Type or Print)

a. (First)

b. (Middle)

c. (Last)

ELMER**W.****BYBEE**4. DATE
OF
DEATH (Month) (Day) (Year)
Sept. 9, 19525. SEX
Male6. COLOR OR RACE
White7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
15 Nov. 18769. AGE (In years last birthday) If under 1 year: Months Days Hours Mins.
7510a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)10b. KIND OF BUSINESS OR IN-
DUSTRY11. BIRTHPLACE (City and State or Foreign Country)
Kansas City, Missouri12. CITIZEN OF WHAT
COUNTRY?
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

unknown**unknown****Minnie C. Bybee**15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY
NO.
489-16-579417. INFORMANT'S SIGNATURE OR NAME ADDRESS
Medical Record18. CAUSE OF DEATH
Enter only one cause per
line for (a), (b), and (c)I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)**Encephalomalacia**

ANTECEDENT CAUSES

Arterio-SclerosisMorbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT
SUICIDE
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME
OF
INJURY (Month) (Day) (Year) (Hour) m.21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

332X22. I hereby certify that I attended the deceased from **9-2**, 19**52**, to **9-9**, 19**52**, that I last saw the deceased
alive on **9-9**, 19**52**, and that death occurred at **4:00p** m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Thos. A. Feltz, Jr. M.D.**1575 Lafayette****9-10-52**24a. BURIAL, CREMA-
TION, REMOVAL (Specify)
Removal

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

9/12/52**Valhalla Cemetery****St. Louis County Mo.**DATE REC'D BY LOCAL
REG.
SEP 13 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Carl Smith M.D.**Drehmann-Harral 1905 Union Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353X

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.